

County: Brown

Facility ID: 7840

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RENNES HEALTH CENTER-DE PERE

200 SOUTH NINTH STREET

DE PERE 54115

Phone: (920) 336-5680

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 102

Total Licensed Bed Capacity (12/31/03): 102

Number of Residents on 12/31/03: 102

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 100

Corporation

Skilled

No

Yes

Yes

100

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		19.6
Supp. Home Care-Personal Care	No					1 - 4 Years		45.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.0	More Than 4 Years		15.7
Day Services	No	Mental Illness (Org./Psy)	25.5	65 - 74	5.9			----
Respite Care	No	Mental Illness (Other)	2.0	75 - 84	29.4			80.4
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & Over	14.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.9		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	24.5	65 & Over	98.0	-----		
Transportation	No	Cerebrovascular	18.6		-----	RNs		11.1
Referral Service	No	Diabetes	5.9	Gender	%	LPNs		7.2
Other Services	Yes	Respiratory	2.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	12.7	Male	21.6	Aides, & Orderlies		
Mentally Ill	No		----	Female	78.4			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	11	100.0	314	39	97.5	125	0	0.0	0	50	98.0	183	0	0.0	0	0	0.0	100	98.0
Intermediate	---	---	---	1	2.5	104	0	0.0	0	1	2.0	183	0	0.0	0	0	0.0	2	2.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	11	100.0		40	100.0		0	0.0		51	100.0		0	0.0		0	0.0	102	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	4.5	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	76.5	23.5	102
Other Nursing Homes	2.5	Dressing	2.9	87.3	9.8	102
Acute Care Hospitals	90.4	Transferring	14.7	70.6	14.7	102
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	7.8	79.4	12.7	102
Rehabilitation Hospitals	0.0	Eating	61.8	28.4	9.8	102
Other Locations	2.5	*****				
Total Number of Admissions	157	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	3.9	Receiving Respiratory Care	4.9	
Private Home/No Home Health	22.4	Occ/Freq. Incontinent of Bladder	53.9	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	1.9	Occ/Freq. Incontinent of Bowel	36.3	Receiving Suctioning	1.0	
Other Nursing Homes	3.8			Receiving Ostomy Care	0.0	
Acute Care Hospitals	37.2	Mobility		Receiving Tube Feeding	2.9	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	3.9	Receiving Mechanically Altered Diets	26.5	
Rehabilitation Hospitals	0.6					
Other Locations	7.7	Skin Care		Other Resident Characteristics		
Deaths	26.3	With Pressure Sores	1.0	Have Advance Directives	92.2	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	156			Receiving Psychoactive Drugs	52.0	

 Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	86.2	1.14	87.6	1.12	88.1	1.11	87.4	1.12
Current Residents from In-County	96.1	78.5	1.22	83.0	1.16	82.1	1.17	76.7	1.25
Admissions from In-County, Still Residing	25.5	17.5	1.46	19.7	1.29	20.1	1.27	19.6	1.30
Admissions/Average Daily Census	157.0	195.4	0.80	167.5	0.94	155.7	1.01	141.3	1.11
Discharges/Average Daily Census	156.0	193.0	0.81	166.1	0.94	155.1	1.01	142.5	1.10
Discharges To Private Residence/Average Daily Census	38.0	87.0	0.44	72.1	0.53	68.7	0.55	61.6	0.62
Residents Receiving Skilled Care	98.0	94.4	1.04	94.9	1.03	94.0	1.04	88.1	1.11
Residents Aged 65 and Older	98.0	92.3	1.06	91.4	1.07	92.0	1.07	87.8	1.12
Title 19 (Medicaid) Funded Residents	39.2	60.6	0.65	62.7	0.63	61.7	0.64	65.9	0.60
Private Pay Funded Residents	50.0	20.9	2.39	21.5	2.33	23.7	2.11	21.0	2.39
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	27.5	28.7	0.96	36.1	0.76	35.8	0.77	33.6	0.82
General Medical Service Residents	12.7	24.5	0.52	22.8	0.56	23.1	0.55	20.6	0.62
Impaired ADL (Mean)	48.6	49.1	0.99	50.0	0.97	49.5	0.98	49.4	0.98
Psychological Problems	52.0	54.2	0.96	56.8	0.91	58.2	0.89	57.4	0.91
Nursing Care Required (Mean)	4.5	6.8	0.67	7.1	0.64	6.9	0.66	7.3	0.62